

Mary E. Dale

Town

County

Died at

Snow Hill

Worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

17

Age

29, 2, 5

Md.

None

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

None

~~Wife~~

of

Charles Dale

Wife

Father's

Name

Edmond Rowley

Mother's

Name

E. Rowley

Cause of

Primary

Typhoid Fever 158 2 mos.

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. D. Huntington, M.D.

Address

Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003

Attended by Dr. _____
of _____

The undertaker was _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Polly Harsey</i>		Town <i>Wheatstone</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Wheatstone</i>		Month <i>April</i>		Day <i>9</i>		Years <i>24</i>	
Date of death <i>1874</i>		Month <i>April</i>		Day <i>9</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Unknown</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide			

RECEIVED
JAN 10 1964



Name
in
Full

CERTIFICATE OF DEATH

Mary Jane Davis

Died at

Argentine

Month

Day

Age

Washington

County

MARYLAND

Months

Days

Date
of death 190

Sex

Female

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

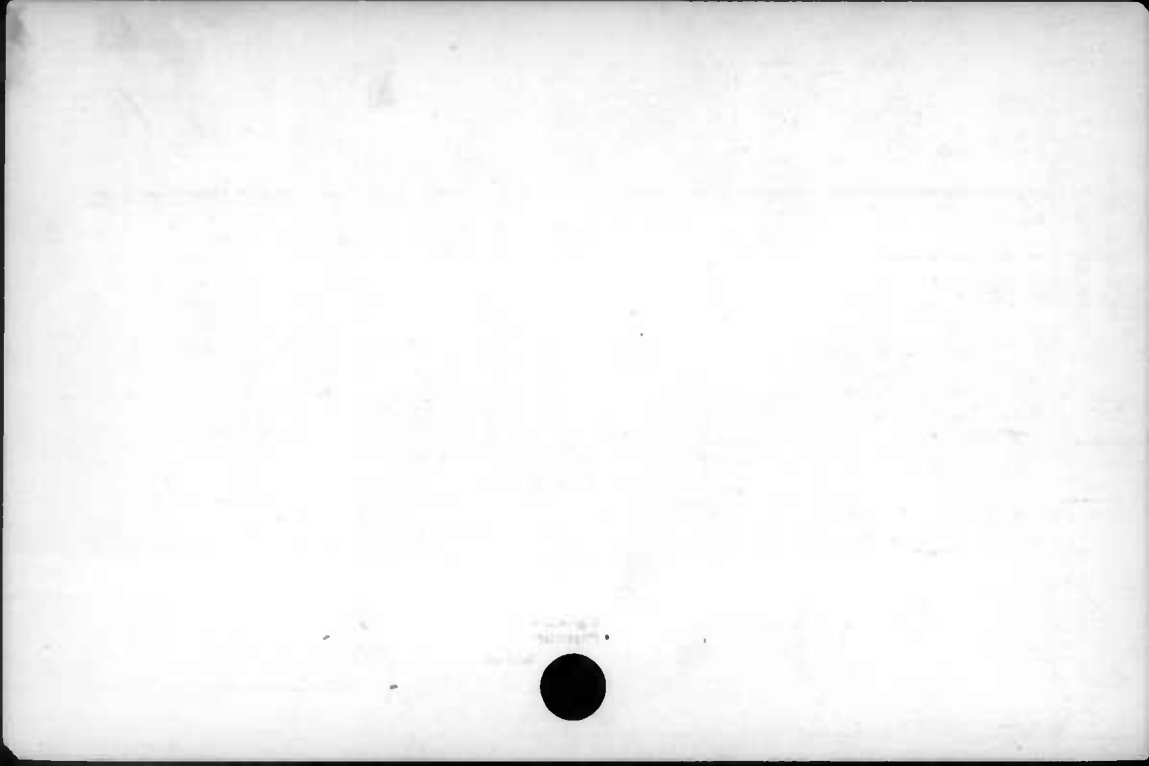
Address



Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full

** 5622

Certificate of Death

Aloysia Deal

Town

County

Died at St. Vincent's Sanitarium, Balto Co.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

10 14

Age

1 11

Balto Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Single

Widower

Number of children living

Husband
of

Wife

Fether's

Name

Mother's

Name

Cause of

Primary

Dementia

72

How long sick

Death

Immediate

Pneumonia - & convulsions

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

114 Hope Street, Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78348

Belongs to Baltimore
City

Name in Full

Certificate of Death

Morgan Brown
 Town County
 Died at Hillgreen St Marys Co MARYLAND
 Date 189 Month Day Y. M. D. Native of Occupation
 1917 Nov 17 6- Ind
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name John H Brown Mother's Name Helen Brown

Cause of Death { Primary Cause of Death
 Immediate Cause of Death
 How long sick 86 4 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65088



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808



Name in Full

Certificate of Death

John Murphy *Delphy*
 Died at *Yonk Road* Town *Carroll* County *MARYLAND*

Date 189 *Jan* Month *2* Day *3* Y. *3* M. *1* D. Native of *Carroll Co* Occupation *—*
 Male White Married *—* Widow Divorced
 Female Colored Single *—* Widower Number of children living *—*

Husband of *—*
 Wife *—*
 Father's Name *Geo. Murphy* Mother's Name *Ellen Murphy*

Cause of Death { Primary *Adenoiditis* How long sick *3 days*
 Immediate *86* Accident, Suicide, Homicide

Reported by *H. B. Brown M.D.*
 Address *Union Bridge Carroll Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jacob Derr

Town

Boonsboro

County

Washington

MARYLAND

Died at

Date 1898 Jan 4 Month Day
 Age 78-9-2 Y. M. D.
 Male White Married ~~Widow~~ ~~Divorced~~ Native of Fred Co Occupation Farmer Ret.
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

Husband

of

Orinda Ringer

Father's

Name

Jacob Derr

Mother's

Name

— Long

Cause of

Primary

General Debility

How long sick

3 mos —

Death

Immediate

Paralysis

44

~~Accident, Suicide, Homicide~~

Reported by

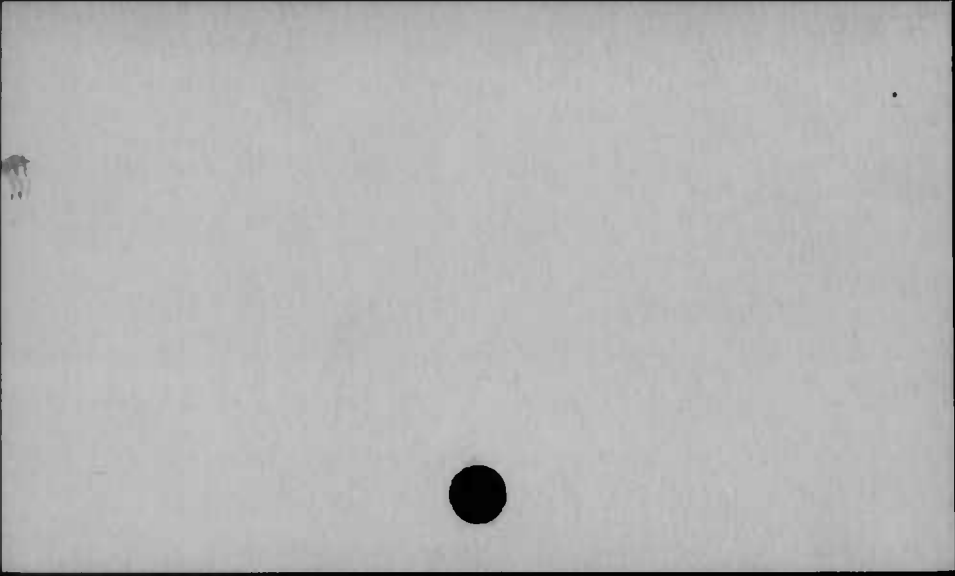
Dr. S. S. Davis

Address

Boonsboro

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



at No. _____

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out by the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

of Death, *March 31st*

Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Howard Dillchurst*

Male or Female, { Cross out the word not required in this line. } *Male*

1 Years, _____ Months, _____

White Sex, *Male*

ed, Single, Widow or Widower, { Cross out the words not required in this line. }

ation, _____

Place, { State or country (and how long in the United States, if of foreign birth. } *Balto County*

ion of Residence in the City of Baltimore, _____

of Death, { Give street and number. } *Falls Road Balto Co*

of Death, { First (Primary), *Hypertrophy of Heart*
Second (Immediate), _____

ion of Last Sickness, *1 Year*

The above information should be furnished by the Physician.

of Burial, *Western Cemetery of Carroll*

of Burial, *March 31st 1877* Medical Attendant _____

ertaker, *Charles H. H. H. H.* Address *Woodberry Balto*

of Business, *24 N. E. E. St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to cause a certificate of death to be filed, within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate of Birth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

following additional information is requested in relation to the cause of death enumerated below.

SM—Mode of Death.

IN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.

IRTH—Circumstances producing Death.

—Variety and Seat.

US—Mode of Death.

ION—Mode of Death.

E OF HEART—Variety. Valves involved.

—Variety and cause.

TIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ELAS—Seat and Cause.

URES—Cause and Mode of Death.

ENE—Seat and Cause.

ITIS—Cause.

A—Variety and Mode of Death.

RY—Variety and Mode of Death.

CE—Cause and Mode of Death.

ACUTE—Cause and Mode of Death.

RIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of.

WOUNDS—Cause, Variety, Seat and Mode of.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized.

having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.

Commissioner of Health and Re-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olem Harsey Town *Washington* County *MARYLAND*

Died at *Augustine*

Date of death *1862* Month *Aug.* Day *17* Age *63* Years Months Days

Sex _____ Color or Race *Colored* Birth-place *Unknown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information _____ How related to deceased _____

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary _____ How long _____

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician _____ Address _____

Accident or Suicide _____



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death 190

Sex
Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

Month

Day

Age

Color or
Race

Name of Wife or
Husband

Where Residing if not
at place of death

Birth-
place

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Dossing*
Town *Frederick*

County *Washington*

MARYLAND

Died at
Date of death 190

Month

Day

Age

Years

Months

Days

Sex *Male*
Occupation

Color or
Race

Colored

Birth-
place

Unknown

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Martha Dorsey
Town Hagerstown

County Washington

MARYLAND

Died at

Date
of death 190

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Dorsey

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Unknown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's

Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Thomas Horsey
Died at *Hagerstown* Town *Washington* County
Date of death *190* *March* *26* *20* *20*
Month Day Years Months Days

MARYLAND

Date of death

Age

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sealing
Hole



Name in Full *Wm. J. Dond*
 Died at *B. V. Asylum* Town *Ballwin* County *MARYLAND*
 Date 189 *61* Y. *61* M. *61* D. *61* Native of *Ireland* Occupation *Labrer*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of
 Wife
 Father's
 Name

Mother's
 Name

Cause of Death { Primary *Chronic Parenchymatous* Nephritis
 Immediate *Chronic Malaria* How long sick *97*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Lavinia Powers

Town

County

A.A.

Died at

her residence

MARYLAND

Dec.

Month

Day

1st

Year

M.

D.

Native of

Md

Occupation

Date 189

Age

Male

White

yes

Married

yes

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Wife

Father's

Name

Mother's

Name

22 a

Cause of

Primary

Don't know.

How long sick

2 years.

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

her family

Address

L.H. Lang

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Certificate of Death

Died at

Date 189

Husband of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Mother's
Name _____

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898

Attended by Dr.

W D Rowe

of

Aberdeen Md

Seen by Coroner

of

Information contained in this certificate received

from

W D Rowe

of

Aberdeen

Md

Name in Full

Certificate of Death

Hester Dunn

Town

County

Died at

Chesterstown Kent.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

Age

8-1-

Md.

Infant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lorenza Dunn

Mother's

Name

Hester Dunn - Dec.

Cause of

Primary

Malnutrition 139

How long sick

8 Mos - 1 da.

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. Benge Simmons M.D.

Address

Chesterstown.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

William Dunn

Town

County

Died at

MARYLAND

Chesterstown

Kent

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1891

Age

62

Kent Co Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 0

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Don't know. Hard work. Guess 7 years.

Cardiac Asthma 77

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

